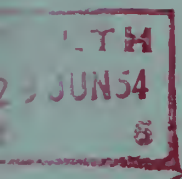


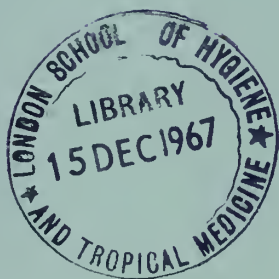
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The Health of Andover

Annual Report of the
Medical Officer of Health
1953

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THE HEALTH OF ANDOVER

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1953



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BOROUGH OF ANDOVER

1953

Mayor

Councillor Mrs. M.M. Sainsbury

HEALTH AND PLANNING COMMITTEE

May 1953

Chairman

Councillor P.H. Ponting (Upto 5th November, 1953)

Councillor S.E. Vincent (From 5th November, 1953)

Members

The Worshipful the Mayor,

Councillors Mrs. O.H.K. Harvey, G.D. Simpson,

F.R. Watts, J.W.E. Tait and H.G. Marsh.

STAFF

Medical Officer of Health

F.H.M. Dummer, M.B., Ch.B.(St.And.), D.P.H.(Lond.)

Chief Sanitary Inspector &
Borough Shops Acts Inspector

A.R. Tarrant, M.R.San.I., M.S.I.A.

Additional Sanitary Inspector

R.K. Crow, M.R.San.I., M.S.I.A., M.R.I.P.H.H.

Medical Officer of Health's Secretary

Miss M.B. Lowman.

Clerks

Miss J.J. Ford

Miss V.A. Curtis

OUTDOOR STAFF

Rodent Operator

A. Prosser.

General Assistant (Part-time Rodent Work)

G. Maunders.

Medical Officer of Health until 30th September, 1953

J. Sleigh, M.B., Ch.B.(Aberd.), D.P.H.(Edin.) - Resigned.

BOROUGH OF ANDOVER
PUBLIC HEALTH DEPARTMENT

June, 1954.

To His Worship the Mayor,
Aldermen and Councillors of the Borough of Andover.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my first Annual Report as your Medical Officer of Health.

The form of presentation of an Annual Report is largely left to the discretion of the individual Medical Officer, although he must include certain specific information which is required by the Ministry of Health.

In the pages which follow, I have tried to give you as much local information about the health of Andover as can be gleaned through notification of disease, vital statistics, inspection of premises, reports of officials, and day to day contact with professional bodies and the general public. The information is necessarily incomplete - no assessment of health can ever be accurate to the last detail - but it is hoped that the reader will gain a fair idea of how Andover stands in relation to its attempts to maintain and improve the standard of health in all its aspects, where it has succeeded and where it has failed.

General Statistics

Area (in acres)	6,381	(6,381)
Registrar General's estimate of mid-year population	15,440	(15,430)
1951 Census figure	14,661	
Number of inhabited houses	4,087	(4,047)
Rateable value	£109,714	(£107,204)
Sum represented by penny rate	£438	(£426)

The Registrar General's estimate of the population of this town at the end of June, 1953, was 15,440, a net gain of 10 over the estimate for 1952. The natural increase (births less deaths) was 23, and it will therefore be seen that there was a net emigration from the town of 13.

The population trend of Andover is as follows:-

1946	13,330	1950	15,050
1947	13,560	1951	15,390
1948	13,860	1952	15,430
1949	15,260	1953	15,440

From the viewpoint of area, Andover lends itself to the accommodation of a much higher population than is at present the case. While one would not wish to emulate the example of the congested industrial cities, it is an unassailable fact that there could be a major development of Andover well within its present geographical limits.

- 6 -
Vital Statistics

Birth Rate

	<u>Andover Municipal Borough</u>	<u>England & Wales</u>
Live births	13.7	15.5
Still births	0.38)	0.35)
	27.4)	22.4)

Death Rate

All causes	12.3	11.4
Comparability factor	.99	
Corrected rate	12.2	

<u>Infant Mortality</u>	14.1	26.8
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<u>Neonatal Mortality</u>	1 Death
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(The Birth and Death Rates are calculated per 1000 of the population.

The Infantile Mortality Rate is calculated per 1000 live births.)

The Birth Rate has shown a decline since last year, being 1.8 per 1000 less, and the same rate below that of the national average. On the standardisation of the figure, based on the age and sex distribution of the population, Andover's birth rate is only 14.25. It would be unwise to generalise from particular figures, but in the case of Andover one can say that the vital statistics for 1953 show the disturbing feature of an increased death rate and a lowered birth rate. In other words the replacement rate of the Borough is not satisfactory. Of course with a small population, the application of the "rate" yardstick' can be misleading.

A small aggregate difference from year to year can show up in an exaggerated form when "the rate per 1000" is calculated. The fact, however, remains that faced as we now are with a population which is overweighted with the aged, we cannot afford, as a community or a nation to find ourselves unable to replace the industrial core of our economy.

We live in an age of theory, which is almost the same as saying that we live in an age of confusion. On the one hand, we point with dismay to a falling birth rate, and on the other hand, we hear about " Britain's starving population", "We are vastly over-populated", " People are living too long", "Introduce euthanasia." In point of fact there are great areas of this country completely unexploited. Industries are being closed down - not because they are uneconomic but because labour is being attracted to easier and more remunerative jobs. We are not, it would seem, utilising the resources at our command. Certainly people are living longer - the average expectation of life is now 67 for males and 72 for females - but the majority of our people are also capable of postponing retirement age. It has been well said that "work kills no one, but over-eating, worry and boredom are lethal."

The Death Rate

The local death rate for 1953 is 12.3 per 1000, an increase of 2.7 on last year's rate, and 0.9 on the national rate for this year.

The main cause of death was heart disease, which accounted for more than one third of the total. This is an expected finding. With an ageing population and the great advances of medical science in the conquest of such illness as pneumonia, diabetes and the infectious illness, deaths are mainly related to the advanced age group, and in the end the body's machinery runs down.

Much more than a mere rate can be deduced from the figures of death returns. We can, for example, see where the main weight of economic loss is falling. It can be argued that deaths over the age of 65, the normal retirement age, does not involve the nation in "labour loss." If, from this purely materialistic viewpoint, we follow on by saying that the working loss involved in the death of a man aged say 30, is 35 years, we can arrive at an estimate of wastage to the community in terms of working years. Where larger figures than ours are concerned, the interpretation of such a figure is of more real significance than merely stating "x per 1000."

Taking the local figure for males, 105 men died in 1953. Of this total 80 were 65 or over and 40 were 75 or over.

Heart disease accounted for 40% of the total number of deaths. Cancer deaths were approximately 20% of the total. Of the total of 37 deaths due to cancer, 4 (all males) had been diagnosed as cancer of the lung or bronchus. Despite the increase in national figures for lung cancer, in Andover breast cancer, at 6 deaths, showed a higher incidence than lung cancer. In 1952 only 2 deaths were recorded from this cause. Again the death rate from tuberculosis is very low, only one death occurring in the year.

It is a pleasure to report that no child lost its life through any of the infectious diseases generally attributed to infancy and childhood. Similarly no deaths occurred in pregnancy or childbirth. These two facts alone point to the great change that has taken place in a relatively short time ; a change that has become accepted, all too lightly, as a standard of our civilisation. To achieve this result a tremendous amount of really purposeful planning - not by any means the criterion of all "planners" - education, and medical care, has been shown. The results form two of the great victories of modern times - but it is a continuing fight and relaxation in those fields can never be permitted.

Infectious Diseases

1953 was the dominant year in the cycle of measles. The trend of the disease is shown in the following table:-

1953	237	1951	241	1949	186	1947	78
1952	1	1950	4	1948	6	1946	4

The two-yearly cycle is well discerned. Although measles is not of such significance as a killer these days, one must never forget some of the serious sequelae of an attack of this deceptive disease, e.g. vision defects, ear trouble, dental caries. One sees the result of measles in the inspection of school children, and there is no doubt in my mind that a quick follow-up of these cases, would, if not prevent, at least enable early treatment to be instituted and save a considerable amount of future ill-health.

The number of cases of whooping cough was small this year, but the disease is none the less important for that fact. Today whooping cough is one of the most dangerous infectious disease of infancy and childhood, although it is true that remarkable improvement has been made in reducing mortality. One tremendous advance has been the introduction of an anti-pertussis vaccine, which, although its use is not as wide-spread as it should be, is becoming more and more to be looked upon as a normal preventive measure in infancy.

The astonishing progress in the prevention of diphtheria has been well maintained. The provisional record of deaths for England and Wales in 1953 is 24 and 240 cases were notified. In 1944 there were 934 deaths and 23,199 notifications. These are remarkable figures and show a wonderful sense of public responsibility. Is it too much to hope that the public now feel that a child can not only "do with" immunisation, but in fact is "entitled" to his freedom from disease? I hope so, because it is only by sustained effort that we can improve even the present position. In 1953 in Andover 167 children completed a full course of primary immunisation and 81 children received "boosting" doses. Both figures can well be increased and I should like to see the "boosting" dose established as a normal "school entrance" feature.

The position with regard to immunisation against whooping cough was very unsatisfactory in 1953, but now we hope that with the introduction of the combined vaccine throughout the county, a very much improved protection will be afforded against this disease. The great advantage of the combined vaccine is that protection against diphtheria as well as whooping cough can be obtained by the same course of injections. Multiple barrier protection is coming in to its own and we can even give a triple protection to include tetanus as well as the other two diseases. The incidence of tetanus is low but nevertheless it is an extremely dangerous disease and this combination of safety is to be welcomed even in a relatively remote possibility.

Seasonal Incidence of
Whooping Cough and Measles
1953

	<u>Whooping Cough</u>	<u>Measles</u>
1st Quarter	0	172
2nd Quarter	3	56
3rd Quarter	3	9
4th Quarter	3	0

The main brunt of the measles incidence was borne by the first quarter of the year. The wide dissemination of droplet infection at this time of the year is undoubtedly responsible for many cases.

The distribution time of whooping cough on the other hand, shows a remarkable independence of the incidence of respiratory infection.

The dramatic change in the picture of mortality from infectious disease can be seen from the following statistics for England and Wales:-

<u>1938</u>		<u>1952</u>	
<u>Disease</u>	<u>Deaths</u> <u>0 - 5</u>	<u>Disease</u>	<u>Deaths</u> <u>Total</u>
Measles	1,389	Measles	141
Pertussis	1,072	Pertussis	184
Diphtheria	1,011	Diphtheria	32

Those are inspiring figures - inspiring, not to complacency, but to an even greater effort, in a field where so much has been done already. Lest any one should think that the infectious diseases have been finally conquered, let me remind you of the other side of the picture. Poliomyelitis killed 295 people in 1952, meningococcal infection 290, influenza 852. These figures are substantial and when one considers that there are many more infectious diseases which though not widespread, are extremely dangerous (for example 9 deaths in 1951 were caused by typhoid fever, and 12 by paratyphoid) one cannot relax in the reflected glory of the laurels gained.

Poliomyelitis

One case of poliomyelitis, of the non-paralytic variety, was notified in the Borough last year. The increasing incidence of this disease throughout the country has been one of the most alarming features of recent years. The amount of knowledge we are accumulating about poliomyelitis is gradually increasing and we are now able to lay down certain principles, which although admittedly rather general in character, are important in the control and possibly in the prevention of some serious effects, of the illness.

1. Although the term "infantile paralysis" is misleading in that the disease is not necessarily confined to "infants" nor is it always "paralytic", we do know from the notified returns that at least one third of the cases occur in children of under 5, and two thirds in the age group up to 15.
2. We know that one of the predisposing factors in the onset of the paralytic variety is fatigue - especially in the case of young children. I am acutely aware that the prevention of overtiredness in children, particularly in the summer-time, is one of the most difficult measures to enforce. Nevertheless, the careful parent should be warned against the signs of strain in a child, e.g. fretfulness, lack of appetite, headache, muscle pains and perhaps most important of all, inordinate disobedience.
3. When an active case occurs it is necessary to exclude household and other near contacts from nurseries, day schools and Sunday schools. The optimum exclusion period is probably three weeks. Similarly, where the employment of adults brings them in close contact with children, e.g. nursery nurses, teachers, school meals attendants, such persons should also be excluded.

4. If it is at all possible, close contacts should be segregated into "house and garden" quarantine. This may sound - and indeed often is - difficult or even idealistic, but it is miraculous the effort which can be made successfully when parents and others have a full explanation, possibly by leaflets, of the sacrifices demanded of them. No one wishes to spread an infectious disease, but often people are at a loss to know just precisely what is expected of them.

5. Teachers can help in this campaign by trying to arrange their curricula so that no unnecessary grouping of children takes place within an infected school. It should be possible, for example, to cancel morning assembly for the quarantine period, to "stagger" play recesses, to avoid mixing of classes for music or physical education. To upset a prescribed schedule is not a popular thing to advocate but in this disease co-operation is the one vital thing which must, by any means, be achieved.

Remember too, that when you discuss, or even worry about poliomyelitis, take a sane view of the odds against catching the disease. It is many times less likely than being run over in the street - but you do take precautions when you see an oncoming vehicle.

National Assistance Act, 1948 - Section 47

No formal action was taken under this Section.

To Smoke or Not To Smoke

No health problem in the past year has aroused such interest as the vexed question of smoking in relation to lung cancer. For years there has been speculation on this subject, and the statisticians have excelled themselves in their endeavours to investigate a positive relationship. This subject has been considered by the Standing Advisory Committee on Cancer and Radio-Therapy for 3 years, and as a result of preliminary investigations a panel under the Chairmanship of the Government Actuary was set up in 1953 to inquire and report to the Minister of Health.

The findings of that Committee are of importance to us all whether our concern be as smokers, as parents, or simply interested in the public health.

Briefly, the Committee reported:-

- (1) There is a relationship between smoking and cancer of the lung.
- (2) Although there is presumptive evidence that the relationship is causal, this same relationship is not a simple one, since there is no positive evidence of a known carcinogenic agent in tobacco smoke, or that the increase in lung cancer is due entirely to increases in smoking. The picture is also clouded by differences in various towns and in urban and rural communities, e.g. there may be atmosphere pollution or occupation risks.

What are we to make of these findings ? What advice can be given on this subject ?

Firstly, although there is no firm evidence on the point of direct relationship, that there is some relationship must be accepted as established statistically. Secondly, we know from death statistics that in the country generally, cancer of the lung is on the increase - and it is agreed in medical circles that improved and earlier diagnosis does not account for anything like the whole of this increase. Do you remember the effects of the London Smog of 1952-53 ? Have you ever considered that the smoker who inhales sets up a kind of personal "smog" in his lungs and upper respiratory passages ? The smoker as a "smog-maker" - it is a novel idea and maybe not far off the mark. On advice we can certainly go as far as this:-

If the smoker wants to kill himself, he has a very favourable chance of dying from cancer of the lung.

Excessive smoking, i.e. 20 or more per day is obviously an unhealthy habit, whatever statistics prove or disprove cancer causation.

Adolescents should be warned of the attendant risks at least of excessive smoking and advised that the best approach to smoking is "Don't!"

Research into the causation of cancer of the lung has been intensified by the Government and other agencies, and the tobacco companies alone have offered \$250,000 in this cause, for use by the Medical Research Council.

Vaccination and Immunisation

"In Andover in 1953 there were 543 cases of smallpox with 189 deaths. 100 infants, 53 children under the age of 15 and 36 adults, lost their lives. Out of a total population of 15,440, 10,000 persons were vaccinated or re-vaccinated."

That made you sit up, didn't it ? Of course it is only a fairy tale - a rather horrible one too. And frightening ? You see, the terrible thing about this fairy tale is that it could well be a true story. You "don't believe" in vaccination ? Or have you "been got at ?"

In 1950, 18 cases of confirmed smallpox were admitted to hospital in Glasgow. THERE WERE 6 DEATHS, AND THOSE SIX PERSONS WERE THE ONLY ONES OUT OF THE 18 WHO WERE UNVACCINATED.

In 1950-51, 29 cases of smallpox were admitted to hospital in Brighton. 10 DIED, SEVEN HAD NEVER BEEN VACCINATED AND THE OTHER THREE HAD BEEN VACCINATED MORE THAN 50 YEARS PREVIOUSLY.

Now the interesting thing about these two outbreaks was that no one who contracted smallpox and had been successfully vaccinated and re-vaccinated died of the disease. In other words, although nobody is going to claim that vaccination confers immunity from the disease, we do claim - and every outbreak underlines this position - that your chance of survival is immeasurably enhanced by your having been vaccinated. Is not that worth something ? Is there anyone in Britain today, apart from persons whose liberty of action does not arise from their own volition, who, on being told that a simple painless, free procedure would virtually guarantee that he or she would not die of cancer, would refuse the offer ? Yet for generations this offer has been open in the case of smallpox.

At December, 31st, 1953, 146 persons had been vaccinated or re-vaccinated during the current year. Of these, 94 were infants under 1 year, (213 babies were born in 1953.) Only 25 people were re-vaccinated. In 1952, the county rate for vaccination of babies born in that year varied greatly from place to place. The highest figure was a rural district of relatively high population while the lowest related to a small urban community. For the Borough of Andover the 1952 figure was 43.5% and for 1953 44.1%.

In my opinion, this low estimate does not provide a safe "barrier of protection" for the community. The Chief Medical Officer of the Ministry of Health, in his Report for 1952, states that "the total numbers of school-children re-vaccinated over the whole country suggest that not more than 1 in 25 of the children entering or leaving school who had been primarily vaccinated in infancy were re-vaccinated."

This dangerous position must not be perpetuated and local authorities, through advice in child welfare centres, instructions to health visitors and district nurses, publicity posters and leaflets, are doing all in their power to persuade people to use the services of general practitioners for this purpose. In this case, as in so many others, family practice and local authority, work together towards the one great ideal of community health - safety through prevention.

Tuberculosis

In an Appendix to this report you will find details of the Mass Radiography Survey carried out in Andover for the three weeks 8th - 26th June, 1953. In all, 3,218 people were examined and from that not inconsiderable number only one case of active pulmonary tuberculosis was discovered. Was it worth all the preliminary organisation, day to day work of technicians and the subsequent "follow-up" examinations of doctors - not to speak of the amount of co-operation required from the public ?

Look again at the statistics. Abnormalities of one kind or another were found in 146 cases. Some may have known of these conditions, others not. In either case a great deal of worry was allayed by reassurance or the definite statement "Free from infection." All the others were also given the definite assurance that at that date they had no chest condition which has been classified as a disease entity. This is worth a great deal. A chest complaint can be - and almost invariably is - a very worrying condition. It is most difficult for anyone to come to a definite decision to find out the true position once and for all. 3,217 people were determined to know and in 3,217 any fears they had were groundless - for remember that where a miniature picture gives rise to any doubt whatever, more detailed films, followed by a clinical examination, are undertaken.

In the war against disease, the finding that all is well on our particular front is a far greater satisfaction to us than to be able to produce nicely documented case sheets instancing a high incidence of disease.

Can we then claim that the district is free of tuberculosis, apart from one case ? Unfortunately no. In the first place, even allowing for the fact that children under 14 were not examined, a total attendance of 3,218 by no means represents the population of Andover and district. There are wide gaps in our knowledge of the cases which may be on our doorsteps. Not that we are entirely in the dark. If you turn again to the Appendix you will see that 10 new cases of respiratory tuberculosis were notified in 1953. Note too the age group affected. The burden of the disease is borne by the breadwinner often with a young family, the mother who is the cornerstone of domestic happiness, the young adult who is vital to the economic well-being of the community. On our Register we still have 84 cases either receiving treatment or still being clinically supervised. Nevertheless, here again there is hope of better things to come. In the past few years death has been warded off in more cases than, only a short time ago, we had dared hope possible. Earlier diagnosis, improved methods of treatment, new drugs, more sensible rehabilitation - all have contributed. One other circumstance has aided this progress - rehousing.

It is generally agreed that housing conditions play a large and perhaps vital role in the onslaught against potential tuberculosis. Certainly in the housing of convalescent cases, the subject is of paramount importance. Curative medicine, in the case of tuberculosis, is a base hospital - the front line is on the doorstep of every insanitary or over-crowded dwelling, with its accompanying low standard of living. The local authority cannot provide HOMES - only the family can do that - but it can provide HOUSES.

Your Council has a good record in the rehousing of cases of tuberculosis and from a purely public health view-point, you have rightly decided that such patients, on medical grounds, shall have priority where circumstances warrant it. There is no disease, related to housing conditions, which has greater repercussions on the health of the community than tuberculosis.

It is a source of satisfaction for me to report that no case of bovine tuberculosis was notified in 1953. Any scheme which aims at clearing our herds of this curse should be warmly supported. The campaign to erradicate tuberculosis gains momentum. We had a slow start and the ultimate goal is still a long way off. Nevertheless every disease-free herd contributes greatly to the potential safety of the community and a few more children are saved, not only from avoidable death, but from the disfiguring scars of a major operation to excise tuberculous glands of the neck. There is a direct relationship between this picture and the poison of tuberculous milk.

We need a further step in this direction. There is too little control over the product which goes into the making of cheese. Cheese made from raw milk, if not tuberculin-tested, can be a vehicle of infection. If the product is too difficult to tackle at the source of production, surely it is not too much to ask that the public should be given the opportunity of knowing that the cheese was NOT made from tuberculin-tested milk? Why not a label "Made from Tuberculin-Tested milk?" The choice is then open to the consumer - the risk is his, but he should know that there is a risk.

Administration of Health Services
National Health Services Act, 1946

Under the provisions of the above Act, the Local Health Authority, in our case the Council of the County of Southampton, can delegate to Local Authorities, certain of their functions with regard to Health Services.

At a meeting held in Andover on 14th September, 1953, between representatives of the County Council, the Borough of Andover, Andover Rural District, Kingsclere and Whitchurch Rural District, it was agreed to recommend to the respective Councils the adoption of a scheme for the devolution of certain health functions in the area of the three district Councils. The scheme was later approved by all the authorities concerned and came into operation on December 1st, 1953.

Briefly, the present position is as follows:-

One District Health Sub-Committee representing the three Councils is responsible to the County Council for the general supervision of the Local Health Authorities functions with regard to:-

- (a) Care of Mothers and Young Children
- (b) Midwifery
- (c) Health Visiting
- (d) Home Nursing
- (e) Vaccination and Immunisation
- (f) Prevention of illness, care and after-care (except tuberculosis)
- (g) Home Help

The constitution of this Committee which meets monthly, either at Andover or Kingsclere, is as follows:-

3 members appointed by each of the District Councils

2 members of the County Council appointed by the Health Committee of the County Council.

6 co-opted members, representative of voluntary organisations and other bodies concerned with the health services, two of whom shall be appointed by each of the three District Councils.

1 doctor appointed by the County Council after consultation with the Southern Branch of the British Medical Association.

The Medical Officer of Health for the three districts presents a monthly report, co-ordinating the work done in the services which have been devolved.

The value of this Committee lies in the fact that it is composed of people who know and can interpret the needs of the communities which are served. It is the one "debating forum" on health services centred around a workable geographical area, large enough to warrant this kind of "devolution" and small enough to ensure that local interests are thoroughly aired. It may be thought that the executive powers of such a body are severely restricted, and this may well be true. It may be that "devolution" is merely a stage in the "evolution" of local health services, solely administered by a local body from a local centre. Such a partition of administration is by no means impossible and the future may hold very interesting developments along this line of thought.

Water Supplies

Public Supply

The Public Supply is derived from the borehole at the Council's Smannell Road Waterworks, and pumped to a covered reservoir of 500,000 gallons capacity at Bere Hill. The supply is continuous and no shortage has been experienced during the year.

Water main extensions have been carried out to Housing Estates at Leigh Road, Harrow Way, Portway, Enham Alamein and to the Royal Air Force Married Quarters.

Water mains have been lowered and renewed in Bridge Street, consequent upon the County Council's road reconstruction scheme. New development amounting to some 100 houses has been serviced and a main extension to Picket Twenty commenced. The latter scheme will provide main water to an area of the Borough, previously dependent upon wells, boreholes and rain water supplies.

Further progress has been made with the Waterworks Development Scheme and starting dates have been awarded for:-

- (1) The extension of the Smannell Road Pumping Station and installation of additional pumping plant.
- (2) The laying of part of the trunk ring main to the western area of the town.
- (3) The extension of water supply to the Smannell and Little London (partly in the Andover Rural District) area.

These works should all commence in the 1954/5 year and the necessary pipes and other materials have been placed on order.

268,000,000 gallons were supplied during the financial year. The bacteriological analyses of the public supply proved satisfactory but the precaution of chlorination is taken continuously.

A total of 133 dwelling houses are not connected to the public supply but receive supplies as follows:-

(a) Private piped supplies

1. Burfoot and Loveridge, Woodhouse.

Supplying 2 houses (also provides a supply to a bakehouse at Woodhouse.

2. W.A. Motley, Harwood Farm, Andover Down.

Supplying 18 houses (also provides a supply to a garage with a camping site, a turkey farm and one dairy farm at Andover Down)

(b) Shallow Wells and Bores

A total of 113 dwelling houses within the Borough derive a supply of water for domestic purposes from shallow wells and bores, the water being raised by means of bucket and windlass in most cases and by hand pumping in the remainder. The structure of dug wells is generally of a low standard and in some cases dangerous.

The well supplying water to Nos. 6, 7, 8 & 9, Pitt Cottages, Woodhouse, found to be polluted in 1951, is still provided with a supply of water for domestic purposes by the Council by means of a mobile tank as a temporary measure until the main is extended to this area.

34 samples of water were taken as the result of complaints or routine investigations and submitted for bacteriological examination. Nine of these samples were reported upon as unsatisfactory and one was reported as satisfactory but not up to main supply standard.

Water supplies to houses in the following areas were sampled in connection with special reports supporting the extension of the main supply:

Pickett Twenty

Seven houses supplied by shallow wells

Smannell and Woodhouse

Fifteen houses, two of which (also a bakehouse) are supplied from a bore, and thirteen from shallow wells.

All the shallow wells in these areas are contaminated or liable to contamination. The Council decided to extend the main supply to these areas and the Pickett Twenty extension should be completed during 1954.

(c) Supplies to Dairies and Dairy Farms

The duty of ensuring that dairy farm premises are provided with a supply of water suitable for the requirements of the Milk and Dairies Regulations, 1949, passed to the Ministry of Agriculture and Fisheries on October 1st, 1949, but I am not aware that any regular sampling is carried out as was the practice under local authority control.

One dairy pasteurising milk derives its water supply from a bore on the premises and quarterly samples taken and submitted for bacteriological examination proved very satisfactory.

Milk Supplies

The maintenance of a safe supply of milk to the public remains one of the main duties of a local authority. The production side of this industry is supervised by the Ministry of Agriculture and Fisheries, but that fact in no way lessens the interest of the local Public Health Department in this subject.

There are nine persons registered as distributors of milk and eight premises registered as dairies within the Borough.

The County Council delegated its powers in respect of the licensing and supervision of pasteurising plants to the Borough Council and licences issued under the Milk (Special Designation Pasteurised and Sterilised Milk) Regulations, 1949, are as follows:-

Dealers (Pasteurisers) Licences	-	4
Dealers Pasteurised Milk Licences	-	3

Licences issued under the Milk (Special Designation) (Raw Milk) Regulations, 1949, are as follows:-

Dealers Tuberculin Tested Licences	--	4
------------------------------------	----	---

Supplementary Licences to use the special designations "Pasteurised", "Sterilised", and "Tuberculin Tested" were granted to an Eastleigh firm distributing milk to the Andover War Memorial Hospital.

Pasteurising Plants

There are four milk pasteurising plants in operation within the Borough, two plants of the Holder Type and two High Temperature Short Time installations.

The water supply for one plant is obtained from a bore hole on the premises and quarterly samples submitted to the Public Health Laboratory were all reported upon as being very satisfactory.

Sampling

Seven samples of bottled Tuberculin Tested Milk were taken for bacteriological examination during the year and all satisfied the official test except one.

A total of two hundred and fifteen samples were taken from plants during the year, all of which satisfied both the Phosphatase and Methylene Blue test with the exception that four samples failed the Phosphatase test.

Milk Bottle Cleansing

No official bacteriological standard exists for milk containers but the provisional classification suggested by the Director of the Public Health Laboratory at Winchester is recognised.

The provisional classification for milk bottles is as follows:-

Mean Bottle Count, reckoned as per pint bottle

Not more than 600	-	Satisfactory
Over 600 but less than 2,000	-	Fairly satisfactory
Over 2,000	-	Unsatisfactory

Three hundred and eighty-six bottles were taken during the year for bacteriological examination, two hundred and sixty-three of which proved satisfactory, seventy-four fairly satisfactory and forty-nine unsatisfactory. In the case of unsatisfactory results the method of cleansing is checked and advice given.

We have no local figures for milk consumption but in question time in Parliament on October 21st, 1953, Dr. Charles Hill, Parliamentary Secretary to the Ministry of Food stated that the average weekly consumption of milk per person in the first six months of the year was 4.65 pints. The corresponding figures for 1952 and 1951 respectively were 4.73 and 4.83 pints. The total consumption of full-price liquid milk by the public last August was about 108 million gallons, compared with 110 million in 1952 and 112 million in 1951.

The "milk in schools" scheme ensures that every child can receive one third of a pint per school day. But it is hoped that parents will not regard this scheme as fulfilling a child's requirements. It is in every sense supplementary. One pint of milk per day per child is to be aimed at and it is not out of place to hope for this figure of adult consumption too.

A complaint often heard from milk retailers is that bottles are returned to them in a very dirty state. The vendor is certainly responsible for the state of cleanliness of the receptacle, but it would assist if the public made a point of ensuring that bottles are clean and free from deposit when returned.

The health of a community cannot be left to one section of the public and here is an instance where all can play a part.

Food Poisoning Outbreaks

No outbreaks of food poisoning occurred during the year.

Public Services

Refuse Collection and Disposal

The collection of house and trade refuse has been maintained, one additional S & D freighter having been acquired to cope with the increased number of properties from which collections have to be made. Controlled tipping has continued at Penton Mewsey and arrangements have been made for further tipping at Penton and in the Parish of Tangley pending the provision of a refuse incinerator.

Refuse Incinerator Plant

A scheme for the provision of a refuse incinerator has been submitted to the Ministry of Housing and Local Government and at the end of the year a Public Inquiry was held.

Disinfection and Disinfestation

Articles requiring steam disinfection are dealt with at St. John's Hospital by arrangement. Disinfection of five premises was carried out after infectious diseases. Disinfestation work was carried out at one house found to be infested with bugs and at eight premises found to be infested with fleas, a liquid insecticide being used in each case. Three houses infested with cockroaches were treated with Gammarene powder applied by means of a blower. Nuisance from ants entering houses was dealt with on fourteen occasions by the use of liquid and powder insecticide. Four complaints of nuisance from house flies were dealt with during the season, advice being given and spraying carried out where necessary, and seven wasps nests were destroyed at the request of householders.

Swimming Pools and Hot Baths

Borough Swimming Pool

Special attention is given to the purity of the water which is continually circulating at the rate of 13,800 gallons per hour, filtered and chlorinated. Chlorine residual tests are carried out daily and regular samples taken by Sanitary Inspectors during the swimming season all proved satisfactory. Reports on all samples are posted on the notice board at the pool and are noted with interest by the public.

A hot bath service is maintained throughout the year in the buildings attached to the pool. Very great credit is due to the Superintendent and his wife for the very excellent manner in which the pool is managed and I am indebted to them for supplying the following statistics for the year:-

Bathers	17,647
Spectators	2,383
Hot Bath patrons	2,134
TOTAL	<u>22,164</u>

There is also a pool at the Grammar School, the water being chlorinated by hand dosing according to the use of the pool. The County Education Authority have not yet taken steps to ensure that a proper filtration and chlorination plant is installed comparable with the Municipal Installation. Regular samples are taken by Sanitary Inspectors in the swimming season and all proved satisfactory.

Rodent Control

(1) Statistics (Year ended 31st December, 1953)

No. of complaints received and dealt with	-	103	(100)
No. of premises surveyed and action taken	-	2286	(1501)
No. of premises treated	-	417	(518)

The total number of properties in the Borough at 31st March, 1953, was 4,756. This included 67 agricultural properties.

(2) Organisation

A free service is provided to domestic premises. Business and Agricultural premises are treated on a cost of labour and materials basis.

(3) Developments during the year

(a) Anti-coagulant tracking dusts

The Ministry approved the use of these dusts during the year. A thorough survey is necessary and a thick layer of the dust is laid in holes and runways. The animals become contaminated with the dust and ingest the destructive agent in cleaning their fur. Results are good.

(b) Hampshire No. 1. Workable Area Committee.

This Committee was formed during the year and held quarterly meetings. The Council sent representatives on each occasion. The object of the Committee is to achieve the co-ordination of the work of Rodent Control by the constituent Local Authorities.

(4) Threshing of Ricks

In two cases contraventions of the Prevention of Damage by Pests (Threshing and Dismantling of Ricks) Regulations, 1950, were discovered in that suitable fencing was not provided. The police were notified and successful prosecutions were taken in both cases.

Sewerage and Sewage Disposal

The Shepherd Spring sewer serving the New Street area has been reconstructed to eliminate infiltration in this section and to provide for future development of the Vigo neighbourhood. The foul sewers in Winchester Street and Bridge Street have been reconstructed, partly to eliminate infiltration and partly to relieve surcharge. This work has been carried out in advance of the main outfall reconstruction owing to the impending road reconstruction work in Bridge Street.

Schemes have been prepared for the reconstruction of the main outfall sewer in South Street and for the provision of sludge digestion plant at the disposal works. Extensions of sewers have been made at Harrow Way, Leigh Road and Acre Path in connection with housing development and surface water sewer reconstructed in Bridge Street, to relieve central area flooding and provided in The Crescent and Weyhill Road, also to relieve local flooding. Work has also started on the Millway Road - Salisbury Road area surface water drainage scheme.

Sanitation

It will be seen from the General Statistics that there are 4,087 inhabited properties within the Borough. A total of 363 houses are not connected to the main sewerage system and of these 177 are provided with drainage to a cesspool or septic tank, 172 have pail closets and 14 chemical closets.

The increase on the 1952 figures in the number of properties connected to a cesspool or septic tank is accounted for by the erection of ten new houses in unsewered parts of the Borough.

One bucket closet was eliminated on conversion to a water closet, and connection to the sewer. Fifteen properties in the Town Area with pail closets, 12 of which have waste water drainage to the sewer, remain to be dealt with and it will be difficult to eliminate these unless the Council are prepared to carry out the work under the provision of Section 47 of the Public Health Act, 1936, and bear half the expense.

The clearing of blocked drains and waterclosets is treated as a public health service and 117 of these were cleared forthwith by my out-door staff without charge. Repairs and improvements to drains and sanitary fittings were effected at 23 premises and 69 hydraulic and smoke tests were applied in connection with this work.

There is still urgent need for modern public sanitary conveniences in the Town and public parks and for the improvement of existing arrangements by the provision of proper washing facilities with hot water to meet present day requirements.

The extension of the sewer at Charlton village is still an urgent matter and should receive further consideration by the Highways and Works Committee.

Sewage Treatment:

The effluent from the Sewage Treatment works has been considered satisfactory by the Rivers Board but the problem of sludge disposal has remained virtually unsolved pending the provision of digestion tanks and additional drying beds. A limited amount of composting has been carried out using the straw and liquid sludge method, the compost being disposed of to farmers and allotment holders.

Housing Progress

The beginning of the year 1953 saw the Mead Hedges Estate only half completed. During the year 82 houses were built on this estate and at the end of the year grass verges and ornamental trees had been set and all work on the estate was finally completed. Tenants generally have cultivated their gardens successfully and have greatly contributed to the tidy appearance of this particular building scheme of 120 houses.

The number of post-war houses built by the Council to the 31st December, 1953, was 545. There were 170 houses built before the war making a total of 715 houses owned and administered by the Council.

During the year work was commenced on the new estate in Weyhill Road. This estate, when completed, will consist of 29 houses. Two of these houses are already let and it is expected that the whole estate will be occupied by the summer of 1954.

The year 1953 has seen an extension of the Council's housing estates towards Charlton. Charlton Road itself has been developed and the Harrow Way Estate commenced. This latter estate will consist of 32 houses and it is expected that it also will be completed and occupied during 1954.

The Council have not forgotten the old people. Eight more old peoples' bungalows in Heath Vale were almost completed in 1953 and work had started on the Acre Path Site for 12 more bungalows. Added to the 10 existing bungalows this will give, by the summer of 1954, a total of 30 dwellings built exclusively for old people.

The waiting list has remained steady during the year at a total of approximately 500 families. This points to the fact that the Council are at least keeping pace with the new demand for houses. There is still of course a demand for houses as the mere existence of a housing waiting list shows. However, the number of applications on the list is not in itself a true guide to the housing needs of the town. There are many houses whose useful life is nearly over and the problem of re-development of sites now occupied by sub-standard houses must also be considered in assessing the town's housing needs. The Council, through it's Slum Clearance Committee, are aware of this. In the meantime, young families continue to live with their parents. The two problems must remain related, the problem of maintaining a balance is by no means easy.

Slum Clearance

Detailed reports were prepared on a block of 9 cottages, 46 to 62, Adelaide Road, two of which had already been dealt with under Section 11 of the Housing Act, 1936, with a view to submission as a Clearance Area and the Borough Surveyor prepared a scheme to develop the site, but the Slum Clearance Committee were unable to recommend action at the present time.

Four of these cottages, Nos. 54 to 60, were subsequently offered to the Council on payment of legal expenses and Surveyor's fees, which offer was accepted. Of the remaining five cottages, three were eventually purchased at a nominal figure, one remains owner-occupied and the other excluded from action.

Some progress was made in the demolition and closing of individual unfit houses and in the demolition of houses in pre-war Clearance Areas and the rehousing of the occupants.

Clearance Areas and Individual Unfit Houses
Action taken under the Public Health and Housing Acts
(Clearance Areas (Housing Act, 1936))

	<u>Number of</u> <u>Houses Demolished</u>		<u>Number of</u> <u>Persons Displaced</u>
	<u>Unfit Houses</u>	<u>Other Houses</u>	
Land coloured "pink"	6	Nil	25
Land coloured "grey"	Nil	Nil	Nil

There has been a great deal of thought given to proposals on this subject. The Government White Paper "Houses - The Next Step" has laid the foundation for our future policy. Each Authority is now required to submit to the Ministry, details of its proposals on a short-term and long-term basis. Until now almost the entire emphasis has been on building new houses, and in the long period which has elapsed since the last clearance schemes were undertaken, very great deterioration has taken place in a substantial percentage of houses. The time has now come to push ahead with clearance plus re-development, and the Council have already considered and approved certain policy in this respect. The "temporary dwelling" outlook, except for cases in dire emergency, e.g. eviction, should now be a thing of the past.

For the purposes of this report, 1953 was a year of anticipation. The new year has already seen major policy decisions taken which will be the subject of report and comment in 1954.

Movable Dwellings

(a) Sites for Movable Dwellings

A licensed site at Harewood Garages, London Road, permitting six tents or mobile caravans to be stationed thereon continued to be satisfactorily maintained during the year. This licence, which expired on the 31st December, 1953, was renewed for a further twelve months.

(b) Movable Dwellings

Applications for individual licences were granted in respect of seventeen dwellings for a period of six months. One application was refused.

(c) Camping on Unlicensed Sites

The Municipal Caravan Site provided by the Council, with a view to clearing the New Street sites, on 2 acres of land west of Pickett Twenty, was ready for occupation by approved caravans on the 1st March, 1953. Letters were sent to all occupiers of caravans and tents offering plots on the site for their use subject to compliance with the terms and conditions laid down by the Council.

Advantage was not taken of this offer and proceedings were taken against the persons in occupation of these sites, under Section 269 of the Public Health Act, 1936. Each of the eleven occupiers of caravans and tents were fined 10s.0d. and two were fined a further 10s.0d. each for permitting the land to be used for camping purposes. It will be realised that these proceedings are of very little use in clearing a site and the County Council were then asked to make an Order under Section 26 of the Town and Country Planning Act, 1947, requiring the discontinuance of the use of this land for camping purposes with a view to the occupiers being ejected therefrom if necessary.

Although the County Council were at first prepared to make an Order, it was later stated that the offer of use of land at the Municipal Caravan Site did not constitute alternative residential accommodation and that in the circumstances the County Council were not prepared to make an Order under this Section.

Following this the Town Clerk was instructed to institute proceedings in the High Court for an injunction preventing the use of this land for camping purposes and this course of action will be pursued during 1954 if necessary.

Nine motor trailer caravans were stationed on the Municipal Caravan Site at the end of the year.

Watercress Beds

Watercress growing is classified as one of the industries of Andover and a fair number of persons of both sexes find regular and seasonal employment in its various branches.

The groups of beds in the Borough of Andover cover an area of approximately 12 acres and the produce finds its way to most of the large markets by rail and road.

Regular inspections of watercress beds are made to ensure that they are properly protected from pollution and samples of water taken and submitted for bacteriological examination. The standard of purity of the water aimed at is not less than that of drinking water. Five samples of water and five samples of watercress taken and submitted for bacteriological examination were reported upon as contaminated. Two beds were closed by agreement with the owners.

Meat and Meat Inspection

Slaughtering

Slaughtering continued to be carried out at the Andover Co-Operative Society Slaughterhouse, Southend Road, which is requisitioned by the Ministry of Food for the purpose of slaughtering animals for human consumption to serve the needs of the Borough and parts of the Andover, Whitchurch and Kingsclere Rural Districts. Cattle for the Borough of Basingstoke are also slaughtered on these premises.

It is satisfactory to note that humane and hygienic practices in connection with the slaughter and dressing of carcasses are steadily improving, due mainly to the attendance of a Meat Inspector during most of the time when slaughtering is being carried out.

Interdepartmental Committee on Slaughterhouses

This Committee was set up in February by the Ministry of Food to prepare a plan recommending in what localities, subject to a policy of moderate concentration, slaughterhouses (other than bacon factories) should be sited in England and Wales; to recommend order of priority of new work, major reconstruction, general principles of siting, facilities in slaughterhouses and changes in legislation.

Consultations were held with the Hampshire branch of the National Farmers' Union and the Health and Planning Committee visited the existing slaughterhouse after which the Council made representations to the Interdepartmental Committee that a slaughterhouse should be retained in Andover and such a slaughterhouse should be under the direct control of the local authority. A site was ear-marked for the erection of a new slaughterhouse if necessary.

Inspection

100% inspection of all animals slaughtered was carried out and this entailed 411 visits and working a great number of hours beyond normal during the year, apart from Sunday slaughtering during the peak periods.

A total of 9,203 animals were slaughtered during the year and a total of 27 Tons. 3 cwts. 56 lbs. of meat and organs were condemned as unfit for human consumption.

Tables giving details of the carcasses inspected and condemned and the weight of meat and organs condemned, will be found in the Appendix to this report.

Meat and Offal Condemned on Butchers' Premises

One thousand four hundred and forty-six pounds of Home Killed Meat were condemned on Butchers' premises as unfit for human consumption by reason of bone taint.

Corned Beef and Canned Meat

Thirty-six pounds of imported canned beef were condemned on Butchers' premises and at the Ministry of Food Distribution Centre, as unfit for human consumption.

Imported Meat

Two hundred and thirty-seven pounds of Imported Meat were condemned as unfit for human consumption during the year.

Disposal of Condemned Meat

Since the 1st August, all condemned meat and offal in slaughterhouses occupied by the Ministry of Food has been sold by public auction without conditions as to it being processed to prevent danger to public health.

Consequent upon representations by Local Authority's organisations and the Sanitary Inspectors' Association, the conditions were revised in December and this provided that meat and offal must be sterilised by the buyers before resale, unless it is sold direct to the owners of a Zoo, Menagerie, etc.

It also provides that the Local Authority may dispose of this meat and offal as it thinks fit and account to the Ministry of Food for the proceeds.

This of course creates difficulties where, such as in Andover, the owner of a Knacker's Yard is the buyer. These conditions require him to sterilise condemned meat from the Andover slaughterhouse, but he can still dispose of raw meat from his Knacker's Yard.

There are no means of distinguishing between meat killed in a Knacker's Yard and that in a human food slaughterhouse, thus it will be difficult to prove a breach of conditions.

Cysticercus Bovis

100% inspection of beef carcasses and offal for the detection of lesions is carried out and fourteen cases were discovered during the year.

Cysticercus Bovis is the cystic stage of the tapeworm Taenia Saginata in man and was considered rare in this country until reports of cases were received during 1948.

Affected carcasses and offal are removed to Reading for cold storage for a period of 21 days at a temperature not exceeding 20°F. after which the meat is released for manufacturing purposes.

The following table gives details of the animals affected which shows a reduction on the figures for 1952:-

Class of Animals

<u>Steers</u>	<u>Heifers</u>	<u>Cows</u>	<u>TOTAL</u>
7	5	2	14

Percentage of the Total number of animals Slaughtered in each class

<u>Steers</u>	<u>Heifers</u>	<u>Cows</u>
.86%	.59%	.25%

Percentage of the total number of all animals slaughtered

.56%
.74% (1952)

Liver Fluke

The continued loss of liver by reason of fluke (Distoma Hepaticum) is still a matter for attention, 1,521 livers being condemned during the year 1953, the percentage of offal being 39.4% in cattle and 13.6% in sheep.

Manufacture and Sale of Ice Cream

The manufacture, storage and sale of ice cream is controlled by the Registration of premises under Section 14 of the Food and Drugs Act, 1938, and also by the Provisions of the Ice Cream (Heat Treatment etc.) Regulations, 1947, and deals with heat treatment, cooling and storage and the protection of the ice cream from contamination.

Three premises within the Borough are registered under the Food and Drugs Act, 1938, for the manufacture of ice cream.

Thirty-four premises are registered for the storage and sale of ice cream and in addition to the ice cream manufactured within the Borough, the product of no fewer than ten factories situated outside the Borough is sold on these premises. Ice cream is also being sold at most restaurants, cinemas and canteens, which premises do not require to be registered under the provisions of the Act.

Frequent inspections are made of all premises, whether registered or not, in order to ascertain that hygienic conditions are maintained and the legal requirements as to temperature are observed.

Noticed reminding persons to keep their hands clean and particularly to always wash their hands after using the sanitary conveniences, are posted in suitable positions on all premises.

Forty-one samples of ice cream were submitted for bacteriological examination by the Methylene Blue reduction Test at the Public Health Laboratory, Winchester, with the result that,

31 samples were placed in Provisional Grade 1
5 samples were placed in Provisional Grade 2
0 samples were placed in Provisional Grade 3
5 samples were placed in Provisional Grade 4

Advisory work is carried out at premises where samples have failed to reach Grades 1 and 2.

Premises Registered

Licences Issued

Food and Drugs Act, 1938 and also Parts v and vi of the Public Health (Meat) Regulations, 1924, and the Clean Food Byelaws.

A total of 19 premises in the Borough are registered under the Act, including 12 for the manufacture of sausages, two for the manufacture of pies, four for fish frying and one for the manufacture of pickles.

Game Dealer's Licences

14 licences were in force at the end of the year.

Pet Animals Act, 1951

The above Act provides for the licensing of persons keeping pet shops subject to compliance with such conditions as may be specified in the licence. One licence only has been issued in respect of a shop selling goldfish.

Rag Flock and Other Filling Materials Act, 1951.

Under this Act, certain premises wherein any of the filling materials prescribed in the Act are used for upholstery, stuffing or lining of bedding, toys, baby carriages etc., have to be registered with the Council. The only premises required to be registered are those used by Erhan Industries, Enham Alamein, and these were inspected twice during the year.

The Slaughter of Animals Act, 1933.

The above Act provides for the humane and scientific slaughter of animals, the licensing of slaughtermen and for purposes connected therewith.

13 applications for licences were granted for a period of 12 months in each case. Action regarding contravention of the provisions of the Act was not found necessary during the year.

The Temple-Cox and Cash captive bolt type humane killer is used at the controlled slaughterhouse, also a long arm Greener killer, which fires a bullet, is used on occasions for bulls and dangerous animals. Every endeavour is made to ensure that all animals are slaughtered without pain or suffering and demonstrations of the methods employed will always be given to anyone interested.

Knacker's Yard

The Knacker's Yard within the Borough situated at Andover Down continued to be licensed under the Food and Drugs Act, 1938, for periods of six months. These premises are also licensed by the Ministry of Food under the Knacker's Yard Order 1948. Byelaws made under Section 58 of the Food and Drugs Act, 1938, are in force within the Borough requiring the person licensed to keep and produce when required, records of animals brought into the yard and of manner in which these animals, and the different parts thereof, were disposed of. The colouring of meat with a vegetable dye before leaving the place of slaughter is enforced under the provisions of the Livestock (Restriction of Slaughtering) (No. 2) Order, 1947 by the Ministry of Food.

The number of classes of animals dealt with at these premises are as follows:-

<u>Cattle</u> <u>excluding cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Horses</u>	<u>Ponies</u>
40	121	25	9	5

Market Stalls and Street Traders

The Saturday open air market continues but not many food traders other than green-grocers and fruiterers, have re-established themselves. The fish stall requires to be renewed to meet with modern requirements. It was found necessary to warn stall-holders regarding the sale of unwrapped sweets and the use of unsuitable stalls for this purpose.

The number of stall-holders selling foodstuffs in the market is as follows:-

Fruit and green-grocery	- 7
Fish	- 1
Canned and pre-packed goods	- 1
Sweets	- 2

Control of this market particularly from the litter angle and the dumping of produce on the highway has improved since Regulations were made by the Council and a Market Superintendent appointed.

A wash basin installed in the Guildhall conveniences for men, which can be used by street traders, is of little value, there being no hot water, soap or towels available. The Council should set a high standard in this respect. A standpipe was installed in the market-place so that traders can readily obtain water.

The number of Street Traders, other than stall-holders, is as follows:-

Fruit and green-grocery	- 4
Fish	- 2
Ice cream	- 2

The Council have adopted Byclaws with respect to the handling, wrapping etc., of food, and the sale of food in the open air and these are of great assistance in maintaining hygienic conditions.

Borough Market

Sales by auction of poultry and rabbits (live and dressed) take place every Friday at the Borough Market, Bridge Street, and regular inspection is carried out before sale 8 rabbits and 8 chicken were found unfit for human consumption.

An official Egg Grading and Packing Station is attached to this market and strict control is exercised over the storage and disposal of Egg Yolks from breakages.

Clean Food Campaign

No special campaign has been undertaken, but work is actively going on, on an inspection and advisory basis.

Improvements to food premises were carried out as follows:-

Works Canteen	-	Reconditioned.
Hotels	-	One kitchen rebuilt; one kitchen reconditioned.
Meat Depot	-	Hot water installed.
Butchers' Shops	-	One completely modernised; preparation rooms in two shops reconditioned.
Bakeries	-	One closed down after being warned of contraventions; one reconditioned.

The number of food premises within the Borough is as follows:-

Butchers	-	10	General Stores	-	25
Grocers	-	13	Green-grocers	-	8
Cafes	-	15			
Hotels	-	30			

Distribution of Industry

The local office of the Ministry of Labour and National Service has supplied me with the following figures relating to the distribution of industry, on the basis of the number of insured persons in the area.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Agriculture & Fisheries	1,126	164	1,290
Building etc.	1,011	37	1,048
Distributive	485	546	1,031
Vehicle Manufacture & Repair	744	104	848
National & Local Government	702	127	829
Transport, Communications & Warehousing	544	71	615
Professional Services	151	401	552
Food, Drink & Tobacco	286	185	471
Wood & Wood Manufacturers	389	74	463
Paper & Printing	319	126	445
Engineering	236	20	256
Gas, Electric & Water	125	16	141
Insurance etc.	69	61	130
Mining & Mining Products	31	1	32
Chemicals etc.	19	4	23
Clothing	12	5	17
Textiles	4	4	8
Amusements, laundry, hotels, domestic service & miscellaneous services	317	1,135	1,452
TOTAL	6,570	3,081	9,651

Andover district compares very favourably with the country as a whole, as far as employment is concerned. The local figure is 0.6% against the nation's 1.8%

SHOPS ACT

Shops Act, 1950.

This Act consolidates the Shops Acts, 1912 to 1938, and came into force on the 1st. October, 1950.

Routine inspections are carried out covering the following matters:-

- (a) Provision of washing facilities and sanitary accommodation;
- (b) Provision of lighting and heating;
- (c) Facilities for taking meals;
- (d) Closing of shops on weekly half-holidays;
- (e) Evening closing;
- (f) Assistants weekly half-holidays and meal intervals;
- (g) Conditions of employment of young persons under 18 years of age;
- (h) Sunday trading.

Proceedings in respect of alleged contraventions of the half-holiday and closing provisions during the Xmas period were instituted as follows:-

Alleged contraventions of Section 1 (1) - 3 cases.
2 dismissed.
1 (Guilty plea),
absolute discharge.

Alleged contraventions of Section 17(2) - One case dismissed.

A complaint by a traders' organisation regarding contraventions of Sunday Trading provisions was being investigated at the end of the year.

The Chief Sanitary Inspector holds the Statutory appointment as Shops Act Inspector for the purpose of enforcing the provisions of the Act relating to (c), (d), (e), (f), (g) and (h) above.

Thus far the health of Andover.

There remains one substantial gap in this account. What of the incidence of diseases which are not notifiable ? To get an overall picture of this side of the field, I should have had to include a report from general practitioners. I should gladly make space available for such a report and I hope that all doctors in the town, reading these pages, will feel that they can, if they wish, submit observations and comments on the health of the people in their care. Much has been said and written on one or either "side" of medicine. Essentially the practice of medicine is made up of many individual interests. But our aim must always be to integrate those interests and to present to the public the work of a team, whose members are of equal importance and whose eyes are on one goal - a safer, healthier, saner community.

The discerning reader will by now have gathered that to present a report of this kind, I have had to call on the services of many people. To all my colleagues in the employment of the Borough, I acknowledge my gratitude for their co-operation and interest in the working of my Department. Officers have willingly let me have reports which I have tried to co-ordinate into the foregoing pages. In particular I am indebted to the Chief Sanitary Inspector and the Additional Sanitary Inspector for an account of their work in the day-to-day supervision of the environmental hygiene of the Borough. Much of this work is routine and unspectacular, but nevertheless it is vital to the community. The work of Sanitary Inspectors is often far from easy. Too many people imagine them always to be finding fault. They are, it must be remembered, field workers, and it is due in no small part to their vigilance that we owe so much of what has been lightly called "our standard of living."

The Borough Surveyor, Mr. R.S. Offord, B.Sc., D.P.A., A.M.Inst.C.M., and the Housing Manager, Mr. W.G. Bryden, A.I.Hyg., A.R.San.I., have also provided me with material, and I am very pleased to make known the work done, in public health, by these officers.

During the year, I have had the support of an energetic and interested Committee, a fact which has helped me very considerably in this new appointment. The Council of the Borough has emphasised its interest in public health on many an occasion, and I am grateful to all members for their kindness to myself and to my staff. The Town Clerk, Mr. J.P. Garner, L.L.M., has guided our deliberations with an impartiality from which members and officers alike have greatly benefited, and my thanks are due to him and his staff for the large measure of team-work that has been evident.

The typing and duplication of this Report, the tedious part, has been done by my secretary, Miss M.B. Lowman, and I acknowledge my gratitude for her excellent work in this task and throughout the year.

I am, Mr. Mayor,

Ladies and Gentlemen,

Your obedient Servant,

J. H. M. Dummer

INSPECTIONS

The following table shows the number and nature of the inspections carried out during the year:-

Houses (H.A. and P.H.A. 1936)	...	...	...	...	...	702
Overcrowding	...	...	...	...	...	6
Drains and Sanitary Fittings	...	...	...	...	...	169
Water Supplies	...	...	...	...	...	24
Slaughterhouses and Knacker's Yard	...	...	...	...	...	429
Dairies and Pasteurising Plants	...	...	...	...	...	299
Food and Ice Cream Premises	...	...	...	...	...	379
Unsound Food	...	...	...	...	...	108
Shops (Section 38)	...	...	...	...	...	2
Bakehouses, Factories, Workplaces and Outworkers	...	...	...	...	...	56
Public Conveniences (including Inns)	...	...	...	...	...	53
Watercress Beds	...	...	...	...	...	18
Swimming Pools	...	...	...	...	...	18
Movable Dwellings and Caravan Sites	...	...	...	...	...	135
Piggeries	...	...	...	...	...	39
Market Stalls	...	...	...	...	...	146
Dustbins	...	...	...	...	...	4
Nuisance from:-						
Smells	...	...	...	...	...	13
Pigeons	...	...	...	...	...	2
Smoke	...	...	...	...	...	49
Stables	...	...	...	...	...	1
Fouling by public	...	...	...	...	...	1
Infested Premises:-						
Firebrats	...	...	...	...	...	1
Flies	...	...	...	...	...	1
Moths	...	...	...	...	...	5
Ants	...	...	...	...	...	7
Fleas	...	...	...	...	...	23
Cockroaches	...	...	...	...	...	5
Bugs	...	...	...	...	...	1
Rats and Mice	...	...	...	...	...	1049
Wasps	...	...	...	...	...	1
Infectious Diseases	...	...	...	...	...	13
Disinfections	...	...	...	...	...	5
Miscellaneous	...	...	...	...	...	23
TOTAL						<u>3571</u>

NOTICES SERVED1. Informal Notices

Housing defects	57
Drains and Sanitary Fittings	23
Defective eaves gutters	2
Absence of sanitary accommodation and drainage	1
Absence of water supply	1
Food and Drugs Act	10
Factory Act	1
Nuisance from manure	1
Nuisance from burning rubbish	1
Prevention of Damage by Pests Act	2
	<hr/>
	99
	<hr/>

2. Defects remedied after service of Informal Notices

Housing defects	20
Drains and Sanitary Fittings	14
Defective eaves gutters	-
Absence of sanitary accommodation and drainage	-
Defective yard paving	1
Absence of water supply	1
Nuisance from manure	-
Nuisance from burning rubbish	1
Food and Drugs Act	5
Prevention of Damage by Pests Act	-
Factory Act	-
	<hr/>
	42
	<hr/>

3. Statutory Notices

Housing defects	19
Drains and sanitary fittings	9
Defective eaves gutters	1
Absence of sanitary accommodation and drainage	1
Nuisance from manure	2
	<hr/>
	32
	<hr/>

4. Statutory Notices complied

Housing defects	11
Drains and sanitary fittings	9
Absence of sanitary accommodation and drainage	1
Defective eaves gutters	6
Nuisance from manure	1
	<hr/>
	28
	<hr/>

Action taken under the Public Health and Housing ActsHouses not included in Clearance Areas

	Number of Houses	Number of Persons Displaced
<u>DEMOLITION & CLOSING ORDERS</u>		
(1) <u>Housing Act, 1936</u>		
(a) Houses demolished as a result of formal or informal procedure under Section 11	6	23½
(b) Houses closed in pursuance of an undertaking given by the owners under Section 11, and still in force	3	9
(c) Parts of building closed (Section 12)	-	-
(2) <u>Housing Act, 1949</u>		
(a) Closing Orders made under Section 3 (1)	-	-
(b) Demolition Orders determined and closing orders substituted under Section 3 (2)	-	-
(3) <u>Local Government Miscellaneous Provisions Act, 1953.</u>		
Closing Orders made under Section 10 (1)	2	-

REPAIRSNumber of Houses^{*}Informal Action

(4) Number of unfit or defective houses rendered fit during the period as a result of informal action by the local authority under the Public Health or Housing Acts	48
--	----

Action under Statutory Powers

(5) Public Health Acts	
Number of houses in which defects were remedied after service of formal notices	
(a) by owners	20
(b) by local authority in default of owners	1
(6) Housing Act, 1936	
Number of houses made fit after service of formal notices (Sections 9, 10, 11 and 16)	
(a) by owners	7
(b) by local authority in default of owners	-

* A defective house remedied more than once during the year is included once only.

APPENDIX 'D'

[illegible]

TOTAL	259
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Meat Inspection
Carcases Inspected and Condemned

APPENDIX 'E' (i)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1686	790	364	3984	2379
Number inspected	1686	790	364	3984	2379
All diseases except Tuberculosis Whole carcasses condemned	1	7	6	18	15
Carcases of which some part or organ was condemned	813	498	10	1141	793
Percentage of the number inspected affected with diseases other than Tuberculosis	48.2%	63.9%	4.4%	29.0%	33.9%
Tuberculosis only. Whole carcasses condemned.	7	12	-	-	3
Carcases of which some part or organ was condemned	139	134	-	-	61
Percentage of the number inspected affected with Tuberculosis	8.6%	18.4%	-	-	2.6%

Weight of Meat and Organs Condemned

	Tuberculosis			Other diseases		
	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
Carcases and parts of carcasses	146	-	7	85	-	12
Organs	84	1	22	227	3	15
TOTAL	230	2	1	312	3	27

Total weight: 27 Tons. 3 cwts. 56 lbs.

Other Foods Condemned

Condemnation certificates were issued in respect of the following food voluntarily surrendered by private traders:-

Weight in lbs.

Bacon	-	9	lbs.
Meat	-	103 $\frac{1}{2}$	lbs.
Cooked Ham	-	147 $\frac{1}{2}$	lbs.
Sausages	-	24.7	lbs.
Fruit	-	7 $\frac{1}{2}$	lbs.
Fish	-	107	lbs.

Total weight: 621 $\frac{1}{2}$ lbs.

Canned FoodCans

Meat	-	89
Milk	-	106
Soup	-	1
Beans	-	60
Fruit	-	205
Peas	-	22
Fish	-	35
Marmalade	-	8
Jam	-	22
Coffee	-	1

Total number of Cans - 852

Sundry other food stuffs were condemned including 8 chicken, 8 rabbits, 19 jars of pickles, 3 bottles of sauce, 25 packets of suet and 3 boxes of sweets.

The disposal of this food is dealt with by the Borough Council, by deep burial on refuse tip.

INSPECTION OF FACTORIESFactories Acts, 1937 and 1948.1. Inspections for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	14	0	-	-
(ii) Factories not included in (i) in which Section 7 is enforced	74	43	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	5	1	-	-
Total	93	51	2	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			By H.M. Inspector	By H.M. Inspector	
Want of cleanliness	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	1	-	-	-	-
(b) Unsuitable or defective	1	-	-	-	-
(c) Not separate for Sexes	-	-	-	-	-
Other Offences	-	-	-	-	-
TOTAL	2	-	-	-	-

Tuberculosis

<u>Age Periods</u>	<u>New Cases</u>			<u>Deaths</u>		
	<u>Respiratory</u>		<u>Non-Respiratory</u>	<u>Respiratory</u>		<u>Non-Respiratory</u>
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
0 -						
1 -						
5 -						
15 -	1	2	3			
25 -	1	2	3			
35 -		1	1			
45 -	2	1	3			
55 -				1		1
65 and upwards						
<u>TOTAL</u>	4	6	10	1		1

Number of Cases on the Tuberculosis Register on 31st December, 1953.
(31st December, 1952 in brackets)

	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Respiratory	53	(52)	23	(21)	76	(73)
Non-Respiratory	2	(3)	6	(6)	8	(9)
<u>TOTAL</u>	55	(55)	29	(27)	84	(82)

During the year the number of cases on the Tuberculosis Register has increased by 2, as shown in the second table. There were 10 new cases and 1 deaths as shown in the first table, and the balance is made up by a further 7 cases which were removed from the Register as under:-

Recovered	1
Left district	6

APPENDIX 'II'

Prevalence of and Control Over Infectious and Other Diseases

Final numbers according to Sex and Age after corrections of cases of Infectious and other notifiable diseases notified during the year ended 31st December, 1953.

	<u>Scarlet Fever</u>			<u>Whooping Cough</u>			<u>Acute Poliomyelitis</u>						<u>Measles</u>		
	M	F	Total	M	F	Total	<u>Paralytic</u>			<u>Non Paralytic</u>			M	F	Total
Under 1 year				1		1							2		2
1 - 2 years	1		1	2	1	3							18	14	32
3 - 4 years	1	1	2	2		2							29	20	49
5 - 9 years	1	2	3	1	2	3							74	71	145
10 -14 years	1	1	2							1		1	1	1	2
15 -24 years															
25 and over													2	1	3
Age Unknown														4	4
TOTAL (All Ages)	4	4	8	6	3	9				1		1	126	111	237

Acute Pneumonia

	M	F	Total
Under 5 years	1		1
5 - 14 years	2		2
TOTAL (All ages)	2	1	3

Table of Deaths

	<u>Male</u>		<u>Females</u>		<u>Total</u>	
Tuberculosis, respiratory	1	(4)	0	(1)	1	(5)
Tuberculosis, other	0	(0)	0	(0)	0	(0)
Syphilitic disease	1	(1)	0	(0)	1	(1)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping Cough	0	(0)	0	(0)	0	(0)
Meningococcal infections	0	(0)	0	(0)	0	(0)
Acute poliomyelitis	0	(0)	0	(0)	0	(0)
Measles	0	(0)	0	(0)	0	(0)
Other infective and parasitic diseases	0	(0)	0	(0)	0	(0)
Malignant neoplasm, stomach	3	(0)	1	(3)	4	(3)
Malignant neoplasm, lung, bronchus	4	(6)	0	(2)	4	(8)
Malignant neoplasm, breast	0	(0)	6	(2)	6	(2)
Malignant neoplasm, uterus	0	(0)	1	(4)	1	(4)
Other malignant and lymphatic neoplasms	14	(10)	6	(7)	20	(17)
Leukemia, aleukemia	1	(1)	1	(1)	2	(2)
Diabetes	1	(0)	0	(0)	1	(0)
Vascular lesions of nervous system	16	(7)	9	(8)	25	(15)
Coronary disease, angina	17	(7)	5	(7)	22	(14)
Hypertension with heart disease	0	(0)	2	(2)	2	(2)
Other heart disease	17	(14)	26	(21)	43	(35)
Other circulatory disease	6	(4)	4	(0)	10	(4)
Influenza	0	(0)	1	(0)	1	(0)
Pneumonia	1	(1)	1	(1)	2	(2)
Bronchitis	3	(6)	2	(0)	5	(6)
Other diseases of respiratory system	1	(2)	1	(0)	2	(2)
Ulcer of stomach and duodenum	3	(2)	0	(0)	3	(2)
Gastritis, enteritis, and diarrhoea	1	(2)	1	(0)	2	(2)
Nephritis and nephrosis	4	(2)	1	(2)	2	(4)
Hypertrophia of prostate	1	(2)	0	(0)	1	(2)
Pregnancy, childbirth, abortion	0	(0)	0	(0)	0	(0)
Congenital malformations	0	(2)	0	(0)	0	(2)
Other defined and ill-defined diseases	8	(8)	14	(4)	22	(12)
Motor vehicle accidents	2	(0)	1	(0)	3	(0)
All other accidents	3	(1)	2	(1)	5	(2)
Suicide	0	(0)	0	(0)	0	(0)
Homicide and operations of war	00	(0)	0	(0)	0	(0)
All Causes	105	(82)	85	(66)	190	(148)

APPENDIX 'J'Diphtheria Immunisation
Annual Return for year ended 31st December, 1953.

Age
at date of final injection (as regards A)
or of reinforcing injection (as regards B)

	Under 1	1	2	3	4	5-9	10-14	TOTAL
A. Number of children completing full course of primary immunisation	15	131	17	2	2			167
B. Number of children receiving a reinforcing injection						67	14	81

Immunisation in Relation to Child Population

Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1939)

Age at 31.12.53 Born in Year	Under 1 1953	1 - 4. 1952-1949	5 - 9 1948-1944	10 - 14 1943-1939	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1949 - 1953	13	684	577	212	1486
B. 1949 or earlier			125	9	134

Vaccination Return for the Year ended 31st December, 1953.

Number Vaccinated	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
1st January - 30th June	34	-	3	5	7	49
1st July 1 31st December	60	1	-	5	6	72
Number Re-vaccinated						
1st January - 30th June	-	-	1	1	13	15
1st July - 31st December	-	-	-	-	10	10
						<u>146</u>

SOUTH WEST METROPOLITAN REGIONAL HOSPITAL BOARD
(Southampton Group Hospital Management Committee)

Table I

Mass Radiography Survey - Andover
8th - 26th June, 1952

Survey Groups	Numbers X-Rayed		Numbers Referred for Further Investigation or Observation	
	Males	Females	Total	Total
Chest Clinics	10	17	27	-
General Practitioners	8	14	22	-
School Children	503	263	766	1
Infant School Children	51	-	51	1
Private Firms	726	291	1,017	11
General Public	461	874	1,335	9
TOTALS	1,759	1,459	3,218	22

Total number recalled for large films - 107 (3 of total examined - 3.3)
Total number recalled for interviews - 31 (3 of total examined - 0.99)

	Chest Clinics		General Practitioners		National Servicemen	School Children		Private Firms		General Public		TOTALS		
	M	F	M	F		M	F	M	F	M	F	M	F	TOTAL
Abnormalities of bony thorax and lungs					3	3	5	19	9	7	10	32	24	56
Bronchitis & Emphysema							3	3		4	3	7	6	13
Bronchiectasis							1					-	1	1
Pneumonia & Pneumonitis							1	2		1		3	1	4
Pneumoconiosis														
Pleural thickening & fibrosis								7		5	4	12	4	16
Intrathoracic new growths: malignant Non-malignant														
Cardiovascular lesions Congenital Acquired								1	1	3	2	4	3	7
Miscellaneous					1	1	1	4	1		1	6	3	9

Table III - Newly Discovered Cases of Pulmonary Tuberculosis

	Chest Clinics		General Practitioners		National Servicemen	School Children		Private Firms		General Public		TOTAL	
	M	F	M	F		M	F	M	F	M	F	M	F
<u>Cases of Inactive Pulmonary Tuberculosis</u>													
<u>Primary lesions</u>						2		8	7	1	2	9	11
<u>Post-Primary lesions</u>								8	5	3	4	11	9
													20
<u>Cases of Active Pulmonary Tuberculosis</u>													
<u>Primary disease</u>													
<u>Unilateral Post-Primary Disease</u>					1							1	-
													1
<u>Bilateral Post-Primary Disease</u>													
<u>Pleural effusions</u>													
<u>TOTAL Active Tuberculosis</u>					1							1	-
													1
<u>Rate per 1000</u>					19.6							0	30

County Health Services

Health Visitors

Miss M.L. Collins

Miss N. White

Miss D.D. Woodcock

District Nurse/Midwives

Miss E.M. Ford, S.R.N., S.C.M.

Miss B. Jones, S.R.N., S.C.M., Q.N.

Miss P.A. Tanner, S.R.N., S.C.M., Q.N.

Miss F. Tribbeck, S.C.M.

Miss M. Tribbeck, S.R.N., S.C.M., Q.N.

Andover Health Centre, Junction Road, Andover.

Clinics

Ante-Natal Clinic	Every Monday (except 5th) 2 p.m.
Child Guidance Clinic	By appointment only
Child Welfare Clinic	Thursdays 9.30 a.m. and 2 p.m.
Cleansing Clinic	Thursdays 9.30 a.m.
Dental Clinic	By appointment only
Eye Clinic	By appointment only
Minor Ailment Clinic	Wednesdays 9.30 a.m.
Orthopaedic Surgeon's Clinic	4th Tuesday odd months 1.30 p.m.
Orthopaedic Remedial Clinic	Fridays 9.30 a.m. and 1.30 p.m.
Speech Clinic	By appointment only
Toddlers Clinic	By appointment only
Tuberculosis Clinic	Wednesdays 10.0 a.m.
